



MINNESOTA BOARD OF MEDICAL PRACTICE

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MN Relay Service for Hearing Impaired (800) 627-3529

FACILITIES LIST

Minnesota Statute 147.162 requires physicians to submit a list of inpatient and outpatient medical care facilities where you have medical privileges. In addition, the Board requests a list of all facilities where you have had medical privileges during the last 10 years. List any facility where you are getting (have been) paid outside a post graduate internship, residency or fellowship training program.

Submit a Hospital Privilege Form to each facility listed except those clinics which are strictly outpatient. If you have had no privileges, write **NONE** and sign and date the form.

CURRENT PRIVILEGES

| <u>Facility</u> | <u>City and State</u> | <u>Type of Privilege</u> |
|-----------------|-----------------------|--------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

PAST PRIVILEGES (LAST 10 YEARS)

| <u>Facility</u> | <u>City and State</u> | <u>Type of Privilege</u> |
|-----------------|-----------------------|--------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

I hereby certify that the above is a true and accurate list of inpatient and outpatient facilities at which I have (have had) medical privileges.

Print Name _____

Signature _____ Date _____